

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>BRIAN KEITH ALFORD</b>		COURT CASE NUMBER <b>3:21-CV-1123</b>	
DEFENDANT <b>ROBERT ZILLES, et. AL.</b>		TYPE OF PROCESS <b>SUMMONS, COMPLAINT</b> Order of Possession	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>CANDY BABIB</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2001 E. CENTRAL AVE. TOLEDO, OHIO 43608</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<b>BRIAN K. ALFORD A196744</b> <b>MADISON CORRECTIONAL INSTITUTION</b> <b>P.O. BOX 740</b> <b>LONDON, OHIO 43140</b>		Number of parties to be served in this case	1
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE	
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE</b>					
I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above <i>(See remarks below)</i>					
Name and title of individual served <i>(if not shown above)</i>				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address <i>(complete only different than shown above)</i>				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
REMARKS:					

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>BRIAN KEITH ALFORD</b>		COURT CASE NUMBER <b>3:21-CV-1123</b>	
DEFENDANT <b>ROBERT ZILLES, et. AL.</b>		TYPE OF PROCESS <b>SUMMONS, COMPLAINT</b> Order of Possession	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Ms. BARKER</b>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2001 E. CENTRAL AVE. TOLEDO, OHIO 43140</b>			
SERVE AT		SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
		Number of process to be served with this Form 285	
		1	
		Number of parties to be served in this case	
		1	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <b>Bm16w e1n A196744</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

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Form USM-285  
Rev. 12/15/80  
Automated 01/00



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>BRIAN KEITH ALFORD</b>		COURT CASE NUMBER <b>3:21-CV-1123</b>	
DEFENDANT <b>ROBERT ZILLES, et. AL.</b>		TYPE OF PROCESS <b>SUMMONS, COMPLAINT</b> Order of Possession	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <b>DR. DELA CRUZ</b>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>4545 FISHER ROAD, SUITE D, COLUMBUS, OHIO 43228</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<b>BRIAN K. ALFORD #196744</b> <b>MADISON CORRECTIONAL INSTITUTION</b> <b>P.O. BOX 740</b> <b>LONDON, OHIO 43140</b>		Number of parties to be served in this case	1
		Check for service on U.S.A.	
		SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	

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Signature of Attorney other Originator requesting service on behalf of: <b>Brian K. Alford #196744</b>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE</b>				
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk
		No. _____	No. _____	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above)			<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)			Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
			Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits
				Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
REMARKS:				

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>BRIAN KEITH ALFORD</u>	COURT CASE NUMBER <u>3-21-CV-1123</u>
DEFENDANT <u>ROBERT ZILLES, et. AL.</u>	TYPE OF PROCESS <u>SUMMONS, COMPLAINT</u> Order of Possession
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT <u>ROBERT ZILLES</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>2001 E. CENTRAL AVE. TOLEDO, OHIO 43608</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>BRIAN KEITH ALFORD A196-744</u> <u>MADISON CORRECTIONAL INSTITUTION</u> <u>P.O. BOX 740</u> <u>LONDON, OHIO 43140</u>	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):  	

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Signature of Attorney other Originator requesting service on behalf of: <u>Brian Keith Alford A196-744</u>				<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER  	DATE  
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE</b>						
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process  	District of Origin No. 	District to Serve No. 	Signature of Authorized USMS Deputy or Clerk  	Date  	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.						
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)						
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode		
Address (complete only different than shown above)				Date  	Time <input type="checkbox"/> am <input type="checkbox"/> pm	
				Signature of U.S. Marshal or Deputy  		
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <p style="text-align: center;"><b>\$0.00</b></p>	

REMARKS:

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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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United States Marshals Service

## PROCESS RECEIPT AND RETURN

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PLAINTIFF <u>BIZIAN KEITH ALFORD</u>		COURT CASE NUMBER <u>3:21-CV-1123</u>	
DEFENDANT <u>ROBERT ZILLES, et al.</u>		TYPE OF PROCESS <u>SUMMONS, COMPLAINT</u> Order of Possession	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>DR. PORTER</u> <u>2001 E. CENTRAL AVE. TOLEDO, OHIO 43608</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<u>BRIAN K. ALFORD A196-744</u> <u>MADISON CORRECTIONAL INSTITUTION</u> <u>P.O. BOX 740</u> <u>LONDON, OHIO 43140</u>		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Brian K. Alford A196-744

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>

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Rev. 12/15/80  
Automated 01/00

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PLAINTIFF <b>BRIAN KEITH ALFORD</b>		COURT CASE NUMBER <b>3:21-CV-1123</b>	
DEFENDANT <b>ROBERT ZILLES, et al.</b>		TYPE OF PROCESS <b>SUMMONS, COMPLAINT</b> Order of Possession	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>DEREK BURKHART</b>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2001 E. CENTRAL AVE. TOLEDO, OHIO 43608</b>			
SERVE AT		Number of process to be served with this Form 285	1
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of parties to be served in this case	1
<b>BRIAN K. ALFORD A196744</b> <b>MADISON CORRECTIONAL INSTITUTION</b> <b>P.O. BOX 740</b> <b>LONDON, OHIO 43140</b>		Check for service on U.S.A.	

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Fold

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Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

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United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
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PLAINTIFF <b>BRIAN KEITH ALFORD</b>		COURT CASE NUMBER	
DEFENDANT <b>ROBERT ZILLES, et. al</b>		TYPE OF PROCESS Order of Possession	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>DANNIS SEGER</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2001 E. CENTRAL AVE. TOLEDO, OHIO 43608</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<b>BRIAN KEITH ALFORD A196744</b> <b>MADISON CORRECTIONAL INSTITUTION</b> <b>P.O. Box 740</b> <b>LONDON, OHIO 43140</b>		Number of parties to be served in this case	1
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			

Fold

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Signature of Attorney other Originator requesting service on behalf of: <b>Brian Keith Alford A196744</b>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE</b>				
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____
Date _____				
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Name and title of individual served (if not shown above)			<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)			Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
			Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits
				Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
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